



THE COMMONWEALTH OF MASSACHUSETTS  
Board of Building Regulations and Standards  
Home Improvement Contractor Registration Program  
1 Ashburton Place, Room 1301  
Boston, Massachusetts 02108

Application for Renewal of Registration as a Home Improvement  
Contractor or Subcontractor - MGL Chapter 142A, 780 CMR R6

(PLEASE READ **BOTH** SIDES CAREFULLY)

Present Registration No: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

1. BUSINESS NAME: \_\_\_\_\_  
Print the name in which the applicant is conducting **business** (SEE BACK OF FORM)

2. Mailing Address: \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Area Code Telephone Number

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Street Address (if different): \_\_\_\_\_  
(Print street and Number, a P.O. Box is not acceptable for address) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Applicant type: ? Individual ? DBA ? Partnership ? Trust ? Private Corporation ? Public Corporation  
? Limited Liability Partnership ? Limited Liability Corporation

Please Check One (See instructions on **back** regarding enclosing a city or town registration under DBA or "fictitious name" law - MGL c 110, § 5 & 6)

6. Social Security or Federal ID Number: \_\_\_\_\_ (see back) 7. Number of Employees \_\_\_\_\_

(See back of Form)

8. Have you registered previously under this law?  
If so, under what? \_\_\_\_\_ Registration No: \_\_\_\_\_

9. Individual responsible for Home Improvement Contracts: \_\_\_\_\_  
(See back of form) Last First MI Social Security No.

10. Title of individual responsible for Home Improvement Contracts: \_\_\_\_\_

11. Does the applicant or responsible individual hold any other construction related state, city, town licenses or registrations? ? Yes ? No

Type of License or registration	Issued By	License or registration #	Expiration Date	Name of License Holder

12. List all partners, trustees, officers, directors and major owners (10% or greater of ownership) of an applicant partnership or corporation below. Use additional paper if necessary. (See instructions below) Check here if you wish to receive an application for additional ID cards for key persons. ?

Last	First	MI	Title in Applicant Business	% Owner	Address

13. Is the applicant claiming exemption from the registration fee? (See the instructions on the back) \_\_\_\_\_ ? Yes ? No

14. Registration fee enclosed: \$ \_\_\_\_\_ (see note #1, on back) Guaranty Fund fee enclosed: \$ \_\_\_\_\_ (see note #2, on back)  
If necessary, **include two separate certified checks or money orders** - one marked "Registration Fee"; one marked "Guaranty Fund". See instructions on back for amount of fees. Make all certified checks or money orders payable to "Commonwealth of Massachusetts". **NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED UNLESS THEY ARE CERTIFIED.**

Pursuant to Massachusetts General Laws Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes required under law.

Signature of applicant or applicant's representative

Title held with applicant

Date

**A false answer to any question in this application constitutes grounds for suspension or revocation of the applicant's registration.**

Renewal

## INSTRUCTIONS FOR RENEWAL APPLICATION

### ITEM

1. Name: The name must be the name in which you do or plan to do business. **It cannot be a different name than used for previous registration.**
5. Applicant type: If applicant is not a corporation and at least the surname of the principal or one of the partners is not included in the company name (dba name), a copy of the "fictitious name" certificate filed with the city or town clerk **must be included** with the application.
6. Applicant partnerships and corporations **must** show a Federal ID number. Applicant individuals should show a Federal ID number if they have employees in addition to the owner.
7. Number of employees: For the purposes of this application and 780CMR R6, the number of employees shall include all construction related employees who worked 20 or more hours on the payroll in the weekly pay period prior to the filing of this renewal form.
9. Responsible individual: If the name in Question 1 is other than an individual, (i.e., a corporation, partnership, etc.) the name of the individual person responsible for the home improvement contracting work of the entity must be entered here. If the person so named holds a construction supervisor license and owns 10% or more of the applicant entity, the applicant entity is exempt from the registration fee. Enter license and ownership data in Question 11 and 12 and check "Yes" in Question 13.
12. Corporations or partnerships **must** include official document which lists the required information, such as pertinent sections of the Articles of Incorporation, current Annual Report, registration as a foreign corporation as filed with the MA. Secretary of State, or a copy of the current partnership agreement in lieu of listing the required information on names of partners, trustees, officers, directors and major owners. Organizations other than corporations must submit copies of any business certificates filed in cities or towns pursuant to MGL Chapter 110, Section 5. (Also known as the DBA or "fictitious name" law).
13. If applicant or responsible individual is a licensed construction supervisor under MGL C.143, S. 94(i) or a registered motor vehicle repair shop operator and is claiming exemption from the renewal fee, check yes on Question 11 and include a copy of the current license/registration certificate with this application. (See instructions for Question 9 above)
14. Enclose a **certified check or money order** for the registration fee (if the applicant is not exempt) and a **separate certified check or money order** for the Guaranty Fund (if necessary, see below). Make checks and money orders payable to the Commonwealth of Massachusetts.

Mail completed application form, required documentation and certified check(s) or money order(s) to:

BBRS - Home Improvement Program  
1 Ashburton Place, Room 1301  
Boston, MA 02108

??? **Applications are not processed on a walk-in basis. Please allow up to 30 days for processing.** ???

### Registration Fee: \$100 (Renewable every two years)

**Note #1** Individual Licensed Construction Supervisors in good standing under Chapter 143, Section 94, who register as an individual or as indicated in instructions to Question 9 above and individual motor repair shops registered in accordance with Chapter 100A, Section 2, are exempt from the registration fee only

### Guaranty Fund Contributions: (see instructions below for computation of contribution for renewals)

<b>Zero to three employees .....</b>	<b>\$100.00</b>
<b>4 to 10 employees .....</b>	<b>\$200.00</b>
<b>11 to 30 employees .....</b>	<b>\$300.00</b>
<b>More than 30 employees .....</b>	<b>\$500.00</b>

**Note #2** If the number of employees has increased so that the firm has gone into another of the categories listed above, you must submit the additional amount of the contribution. **Examples:** (1) Your firm has increased the number of construction related employees from 2 to 5. You must now make an additional contribution of \$100. (2) Your firm has increased the number of construction related employees from 3 employees to 11 employees. You must submit \$200 to the Guaranty Fund. (3) Your firm has decreased the number of construction related employees from 5 to 2 employees. You do not need to submit any money. This office will keep your employees listed as 5. If you increase the number of employees in the future to the four to ten category, you will not have to submit an additional payment.